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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI
____________ DIVISION

Barton, Gerald A
6012 Enright Ave
St. Louis Mo. 63112

(Enter above the full name of the Plaintiff[s] in this action.)

- vs -

United States of America
John Cochran V.A. Hospital
915 North Grand Blvd
St. Louis, Mo. 63106
314-652-4100

(Enter above the full name of **ALL** Defendant[s] in this action. Fed. R. Civ. P. 10(a) requires that the caption of the complaint include the names of **all** the parties. Merely listing one party and "et al." is insufficient. Please attach additional sheets if necessary.

Case No. ______________

(To be assigned by Clerk of District Court)

COMPLAINT

I. State the grounds for filing this case is Federal Court (include federal statutes and/or U.S. Constitutional provisions, if you know them):

II. Plaintiff, Gerald A. Barton resides at

6012 Enright Ave, St. Louis, St. Louis,
street address city county

Missouri, 63112, 314-333-1161
state zip code telephone number

(if more than one plaintiff, provide the same information for each plaintiff below)

III. Defendant, John Cochran V.A. Hospital lives at, or its business is located at

915 N. Grand Blvd, St. Louis, St. Louis,
street address city county

Missouri, 63106.
state zip code

(if more than one defendant, provide the same information for each defendant below)

IV. Statement of claim (State as briefly as possible the facts of your case. Describe how each defendant is involved. You must state exactly what each defendant personally did, or failed to do, which resulted in harm to you. Include also the names of other persons involved, dates, and places. Be as specific as possible. You may use additional paper if necessary):

On November 15, 2012 I Gerald Barton was scheduled for surgery for my "right shoulder."
This surgery was performed at the John Cochran V.A. Hospital St. Louis Missouri at 05:23 HRS.
Surgery Performed By Staff Physican-Orthopedics:
Dr. Gary Miller, MD and Dr. Mattew Smith, MD.
Surgery Procedures Performed: Right Shoulder Arthroscopy, Open Biceps Tenodesis, Rotator Cuff Debridement, Distal Clavicle Excision. Subacromial Bursectomy,
These Surgical Procedures Performed On Me Was Verbally Stated To Me, ~~was~~ Took 6 hours and 30 minutes From The Time Anesthesia Was Administered, Till ~~I W~~ The First Response From A UnKnown Male Caretaker That Was At My Left Side Assured Me ~~Take~~ "To Stay Calm, Everything Went Well and To Rest."
When I Woke Completely Out/Off Anesthesia, I Made A Normal Effort To The Restroom. Used Left-Hand To Rise Up. As My Left-Hand Grips The Side Of Mattress (V.A. Hospital Recovery Room) To Turn So I Can Rise To Walk To Restroom, In The Motion Forward Effort To Stand Up-Right, I Fell Forward, Knees, Legs And Feet Did Not Stabilize. My Face (Rigt Side) Hit The Floor. The Surgery That Was Done Right-Arm Also Hit The Floor, Cushioning My Chest And Abdomen From The Floor. I Urinated On Myself. I then Look Down In Disbelief As I Laid On The Floor To Find That Not Only Did I Fall, My Left Leg Was Some How Under

continue →

The Food Serving Tray. I Then Called Out For Help After A Co/Worker That Was In The V.A. Recovery With Me, Helped Me Up, Then Put Me Back On The Corner Of The Bed.

The Co/Worker Name is Mrs. Linda Mersch/Occupational Therapist For Over 20yrs And Graduate Of Washington University Medical School. Mrs. Mersch And I Worked At Crestwood Health Care In North St. Louis County Missouri.

Few Seconds Had Past. A Nurse Did Arive. I Told The Nurse What Happened. V.A. Staff Brought Me A Temporary Wheelchair. Later Someone From Physical Therapy Dept. Came To Try Taking Me For A Walk In The Hallway And Tried Stairs Also. They Told Me I Would Be Issued A Wheelchair And Uppon Discharge, To Take The Wheelchair Home. As Then The Muscle Relaxers And Pain Medication Began To Where Off, I Had Various And Many Complications From The Fall The Floor Hitting My Head And Arm That Was Just Operated On.

Nurses Stated That They Have Repeatedly Trying To Contact A Physician. And Due To The Fact With My Loss Of Motor Skills In My Legs, My Nurse Would Not Be Able To Issue Any Pain Medication. Later The Nurse Brought Me 2 Morphine Pills And I Was Sent To The 7TH Floor For 2 1/2 Days. This Was A Scheduled Out-Patient Surgery.

After The Fall In V.A. Recovery Room, I Was Never Sent To Take A MRI, X-Ray Or Any Other Treatment To Have A Diagnosis.

The Court Will Find That Any And All Information About This Fall Incident, How The V.A. Staff Come To Discover That I Had A Loss Of Motor Skills In My Legs, To Physical Therapy For The Assessment, Including Nurse "On Duty" Notes And Progress Reports, Had Been Removed And Deleted From My Files.

Because Of This Injury And Incident, I Have Made Many Trip To V.A. Emergency And Continue To Have On Going Problems Today 04/14/2017

V. Relief: State briefly and exactly what you want the Court to do for you.

1.) Continue Treatment For ALL of My Service Connected Injuries
2.) Receive Treatment And Care For The Incident And Following Accident While Under The V.A. Hospital Care In St. Louis, Mo. By No Wrong Doing Of My Own
3.) Receive Compensation And Punitive Damages For Losses That I Now Can Not Provide For My Children Or Myself In The Trades I Am Experienced In, Educated In College For And Means To Support My Children And Myself In The Near Future.

VI. **MONEY DAMAGES:**

A) Do you claim either actual or punitive monetary damages for the acts alleged in this complaint?

YES [X] NO [ ]

B) If your answer to "A" is YES, state below the amount claimed and the reason or reasons you believe you are entitled to recover such money damages:

1.) Travel Assistance For V.A. To Aaknowledge. The Incident On 11-15-2012 With Repeated Attemps To Receive Care and Treatment
2.) Failure To Assist The For Injury. Failure To Examine and/or Receive Treatment After Surgery Incident, From Service Connected Surgrey 11-15-2012 To Present Day
3.) Failure To Receive Medical Treatment At Exact Time V.A. Doctor's where Notified

VII. Do you maintain that the wrongs alleged in the complaint are continuing to occur at the present time?

YES [X] NO [ ]

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 14 day of April, 2017

Gerald Barton

[signature]
Signature of Plaintiff(s)